FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 JUN 0 3 2002

RECEIVED

FORM D

NOTICE OF SALE OF SECURITIES 152
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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QMB Number: 3235-0076

Expires: May 31, 2002

Estimated average burden hours per form ............. 16.00

SEC USE ONLY							
Prefix		Serial					
DATE RECEIVED							
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Name of Offering ( about if	this is an amountment a		السناليس ليمسم						
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)									
Prepared Response, Inc. Com	mon Stock Offering					1165046			
Filing Under (Check box(es) that	at apply): 🛮 Rule 504	☐ Rule 505	□ Rule 506	☐ Section 4(6)	) 🗖 ULOE				
Type of Filing:    New Filin	g 🛭 Amendment								
A. BASIC IDENTIFICATION DATA									
1. Enter the information reques	ted about the issuer				·				
Name of Issuer (  check if th	is is an amendment and	d name has chan	ged, and indica	ate change.)					
Prepared Response, Inc.			<b>.</b>	υ,					
Address of Executive Offices		(Number and S	treet, City, Stat	e, Zip Code)	Teleph	one Number (Including Area Code)			
820 A Street, Suite 300, Tacon	na, WA 98402	•		, ,		(253) 284-8100			
Address of Principal Business C	perations	(Number and S	treet, City, Stat	e, Zip Code)	Teleph	Telephone Number (Including Area Code)			
(if different from Executive Offices	).	•		•		,			
Same									
Brief Description of Business						DDOCESSED			
Development and maintenanc	e of web-based securi	ty applications				PROCESSED			
Type of Business Organization									
⊠ corporation	☐ limited partnership	p, already forme	d [	other (please s	pecify):	P JUN 2 6 2002			
☐ business trust	☐ limited partnership	p, to be formed		·-		1			
			Month	'ear		inuviSON			
A stual on Estimated Data of Inc					⊠ A1	FINANCIAL			
Actual or Estimated Date of Incorporation or Organization:    0 9    Actual   Estimated									
Jurisdiction of Incorporation or	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
	CN f	for Canada; FN 1	for other foreig	n jurisdiction)	WA				

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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### A. BASIC IDENTIFICATION DATA

## 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and i</li> </ul>	nanaging partner	of partnership issuers.								
Check Box(es) that Apply	☐ Promoter	⊠ Beneficial Owner	⊠ Executive Officer	⊠ Director	☐ General and/or  Managing Partner					
Full Name (Last name first, Griffin, Sterling	if individual)									
Business or Residence Addr 820 A Street, Suite 300, Tac			Code)							
Check Box(es) that Apply	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Troyer, Edward	if individual)									
Business or Residence Addr 820 A Street, Suite 300, Tao			Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Miller, Donald	if individual)									
Business or Residence Addr 820 A Street, Suite 300, Tac			Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Munro, Ralph	if individual)		v.							
Business or Residence Addr 820 A Street, Suite 300, Tac		Street, City, State, Zip	Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Carleton, John		G: + G': G: + 7'	<u> </u>							
Business or Residence Addr 1001 Fourth Avenue Plaza	, Suite 4700, Sea	ttle, WA 98154			· .					
Check Box(es) that Apply	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or  Managing Partner					
Full Name (Last name first, Meisenbach, John										
	Business or Residence Address (Number and Street, City, State, Zip Code) 820 A Street, Suite 300, Tacoma, WA 98402									
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Dean, Ron					·					
Business or Residence Address (Number and Street, City, State, Zip Code) 220 A Street, Suite 300, Tacoma, WA 98402										

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and</li> </ul>		of partnership issuers.	a or vorporate general al	re managing partition	or partitoristip issuers, and					
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Fisher, Greg	if individual)			·						
Business or Residence Address (Number and Street, City, State, Zip Code) 820 A Street, Suite 300, Tacoma, WA 98402										
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or  Managing Partner					
Full Name (Last name first, Knutzen, Gerald	if individual)									
Business or Residence Adda 820 A Street, Suite 300, Ta	•	Street, City, State, Zip	Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, English, Jaye	if individual)									
Business or Residence Adda 820 A Street, Suite 300, Ta		Street, City, State, Zip	Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Walker, William	if individual)									
Business or Residence Adda 820 A Street, Suite 300, Tao		Street, City, State, Zip	Code)							
Check Box(es) that Apply	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Grid Ventures, Inc. /Grid		os LLC								
Business or Residence Addr 711 Court A, Suite 204, Ta	ess (Number and	Street, City, State, Zip	Code)							
Check Box(es) that Apply	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, Benaroya, Jack	if individual)									
Business or Residence Addr 1001 Fourth Avenue Plaza			Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)			<del>-</del>						
Business or Residence Address (Number and Street, City, State, Zip Code)										
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		2	a of 8							

					В. 1	NFORM	ATION A	AROUT C	)FFEKIN	G				
	-								*****				Yes	No
1. F	las the is	suer sold	, or does	the issuer	intend to	sell, to no	n-accredit	ted investo	ors in this	offering?.				$\boxtimes$
			Answ	er also in A	Appendix,	Column	2, if filing	under UI	LOE.					
2. \	What is th	ne minim	num inves	stment tha	t will be a	ccepted fi	om any ir	ndividual?					\$ <u>2</u> :	5,000
			•		•								<u>Yes</u>	No
													$\boxtimes$	
1 0 s	or similar isted is a of the bro set forth t	remune n associa ker or de he inforr	ration for ated personal ealer. If a mation for	solicitation or agent more than that brok	on of pure t of a brok	chasers in ter or deal persons to	connectio	n with sal	les of secu ne SEC an	rities in t	he offerin a state or	ely, any commission g. If a person to be states, list the name or dealer, you may		
Full Nar Gandar		iame first	, if indivi	dual)										
	<u> </u>	ence Ado	lress (Nur	nber and S	treet, City	. State. Zir	Code)							
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Name of	Associat	ed Broke	r or Deale	r	7									
States in	Which D	ercon Lic	tad Uac S	oligited or	Intends to	Soliait Du	rahagara					·		
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	(ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
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Obata, (	•	ame mor	, ii marvi	-uu:)										
Business	or Resid	ence Add	ress (Nur	nber and S	treet, City,	State, Zip	Code)							
Name of	Associate	ed Broke	r or Deale	r										
, value of	715500140	od Broke	or Deare	•										
States in	Which Po	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers			<u></u>				
(Chec	k "All Sta	ates" or c	heck indi	idual Stat	es)							ι	□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nan	ne (Last n	ame first	, if individ	lual)										
Business	or Reside	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)							
											· .			
Name of	Associate	ed Broke	r or Deale	r								<del></del>		
States in	Which Po	· erson List	ted Has S	olicited or	Intends to	Solicit Pu	rchasers							
												[	<b>7</b> Δ11 ·	States
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[IL]	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)
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	Type of Security		Aggreg		An	ount Already
		C	offering l			Sold
	Debt	<u>\$</u>		0	_ \$	0
	Equity	<b>\$</b>	1,450,0	000	_ \$	1,215,500
	⊠ Common¹ □ Preferred					
	Convertible Securities (including warrants)	<b>\$</b>		0	_ \$	0
	Partnership Interests				_ \$	0
	Other (Specify))				_ \$	0
	Total	<b>\$</b>	1,450,0	000	_ \$	1,215,500
	Answer also in Appendix, Column 3, if filing under ULOE.					
1	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Numbe	<b>o</b> r		Aggregate
			Investo		Do	ollar Amount f Purchases
	Accredited Investors		27		_ \$	1,215,500
	Non-accredited Investors		0		_ \$	0
	Total (for filings under Rule 504 only)		N/A		_ \$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
5	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first scale of securities in this offering. Classify securities by type listed in Part $C$ – Question 1.		_		_	
	Type of offering		Type of Securit		Do	ollar Amount Sold
	Rule 505		N/A	•	\$_	N/A
	Regulation A		N/A		 \$	N/A
	Rule 504		N/A		- <u></u>	N/A
	Total		N/A		\$	N/A
t 1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in his offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-	_			
	Transfer Agent's Fees	••••		$\boxtimes$	\$	0
	Printing and Engraving Costs			$\boxtimes$	<b>\$</b> _	0
	Legal Fees	••••		$\boxtimes$	\$	20,000
	Accounting Fees			⊠	\$	0
	Engineering Fees			$\boxtimes$	<b>\$</b>	0
	Sales Commissions (specify finders' fees separately)			⊠	<b>\$</b>	70,000
	Other Expenses (identify)			_ ⊠	s	0
	Total			⊠	s	90,000
					~	

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This figure does not include warrants issued to investors to purchase shares of common stock at 50% of their initial common stock investment. SE\9025334.1 2500351-900000

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSE	S AN	D USE	OF PROCE	EDS			
	b. Enter the difference between the aggregate offering prior total expenses furnished in response to Part C – Question proceeds to the issuer."	on 4.a. This difference is the "	adjuste	ed gros	SS		<u>s_1</u> ,	360,000	
	5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.								
					Payments to Officers, Directors & Affiliates			rments to Others	
	Salaries and fees		Π	\$	0	_ П	\$	0	
	Purchase of real estate		Π	\$	0	_П	\$	<u> </u>	
	Purchase, rental or leasing and installation of machiner	y and equipment	П	\$	0	_ П	\$	0	
	Construction or leasing of plant buildings and facilities	S	П	\$	0	П	\$	<u> </u>	
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or pursuant to a merger)	securities of another issuer	П	\$	0	_ П	\$	0	
	Repayment of indebtedness		П	\$	0	_ П	\$	0	
	Working capital		П	\$	0	_ 💢	<u>\$ 1,</u>	360,000	
	Other (specify): computer equipment, office supplies, t office expenses		Π	\$	0	_ П	\$	0	
	Column Totals		П	\$	0	_ 💢	\$ <u>1</u> ,	360,000	
	Total Payments Listed (column totals added)			X s	1,30	50,00 	0		
	D	). FEDERAL SIGNATURE	···						
sign	issuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furnish armation furnished by the issuer to any non-accredited investigation.	to the U.S. Securities and Exch	ange (	Commi	ission, upon w				
		Signature 1				Date	<u></u>		
rre	pared Response, Inc.	sum / my	<u>~</u>			May 2	<u>D</u> , 200	2	
		Title of Signer (Print or Type) President and Chief Executive	Office	r					

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)